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CONFIRMATION NO. 4505

<b>SERIAL NUMBER</b> 10/501,682	<b>FILING OR 371(c) DATE</b> 02/02/2005 <b>RULE</b>	<b>CLASS</b> 105	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 0380-P03437USO
<b>APPLICANTS</b> \Paul G Shiels, Glasgow, GBN, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/00187 01/16/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0200929.8 01/16/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 35
			<b>INDEPENDENT CLAIMS</b> 7	
<b>ADDRESS</b> 000110				
<b>TITLE</b> Tissue rejection				
<b>FILING FEE RECEIVED</b> 1664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	